

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000049099 (0)

1. Corporation Name

MAXIMA'S PROYECT, INC.

Principal Place of Business

Mailing Address

3501 W. VINE ST.
STE 1021
JESSAMINE FL 34741
06

3501 W. VINE ST.
STE 1021
JESSAMINE FL 34741
06

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1996

4. FEI Number

59-3390553

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☒

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 C/O ACCOUNTING ASSISTANCE

22 City & State

27 728 MASORCA AVE.

23 Zip

Country

28 Coral Gables, FL

29 33134

30 FL

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARCEO, MAXIMA
363 MONTANA AVENUE
DAVENPORT FL 33837

81 Name

82 Street Address, P.O. Box Number is Not Acceptable

C/O ACCOUNTING ASSISTANCE

83 728 MASORCA AVE

84 City Coral Gables

FL

85 Zip Code

33134

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME ARCEO, MAXIMA
STREET ADDRESS 363 MONTANA AVENUE
CITY-ST-ZIP DAVENPORT FL 33837

TITLE ☒ DELETE

NAME S RAMIREZ, JUAN C
STREET ADDRESS 363 MONTANA AVE.
CITY-ST-ZIP DAVENPORT FL 33837

TITLE ☒ DELETE

NAME T ARCEO, CAROLINA
STREET ADDRESS 363 MONTANA AVE.
CITY-ST-ZIP DAVENPORT FL 33137

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

4-21-98

941-424-0044

CR2E034 (10/97)